



## Online Claim Request Form Instructions

Thank you for your interest in submitting your CACFP claims on the web. Please visit the MT CACFP website at [www.bestbeginnings.mt.gov](http://www.bestbeginnings.mt.gov) and find the “Non-DPHHS Employee System/File Access Request” and the “Internet Claim Filing Agreement” under Applications>Online Access Forms.

Complete the following sections of the “Non-DPHHS Employee System/File Access Request”:

- Legal name
- Other names used
- Employer information
- Sign and date the form
- Do not complete any other parts of the form

Complete the Internet Claim Filing Agreement form and mail, fax or e-mail both forms to the CACFP.

When the State agency receives the forms, we will process the forms and send you a login ID, password, and easy-to-follow instructions for submitting your claim. If you have questions or need additional information, please call 1-888-307-9333 or 406-444-4347.

**IMPORTANT:** You will be given a login ID for your use only. Under no circumstances should it ever be used by anyone else. Allowing another person to use your login ID violates all State of Montana network policies and rules. Should you choose to allow someone else to use your login ID, your access may be terminated. In the event that you end your employment with your organization, the Montana Child and Adult Care Food Program must be notified so that your access can be terminated.

If an additional person within your organization needs access to our claims system, they should complete their own set of forms and send them to the CACFP.